									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO								1076456 X						
CLAIMS AS FILED - PART I														
(Column 1) (Column 2)								SMALL ENTITY TYPE				OTHEF SMALL		
TOTAL CLAIMS			20					RATE FEE		EE	7	RATE	FEE -	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.00		35.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			20minus 20=					XS 9=			OR	XS18=		
INDEPENDENT CLAIMS			minus 3 =				ر.	X43=			OR	X86=		
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=			1	÷290=		
• If the difference in column 1 is less than zero, enter "0" in colu						column 2	<u> </u>	TOTAL	-		OR		<i>D</i> 0	
CLAIMS AS AMENDED - PART II									· Ļ		OR	TOTAL	770	
	(Column 1) (Column 2) (Column 3							SMAL	L ENT	TTY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE	
	Total	. 20	Minus	-20		.=		X\$ 9=			OR	X\$18=		
	Independent	. 2	Minus	3		-		X43=			OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1		OR	+290=		
								TOTA	+		L	TOTAL		
· (Column 1) (Column 2) (Column 3)									E <b></b>	<u></u>	OR',	ADDIT. FEE		
		CLAIMS		HIĞHE	ST	(Coldinia 3)	_		1 45	DI-	ſ	-	ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIO	NAL EE		RATE ·	TIONAL FEE	
	Total	•	Minus	**		E		X\$ 9=		·	OR	X\$18=		
	Incependent	•	Minus	***		=		X43=			OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM			.145-	1			.200-		
							L	+145=	_		OR	+290= TOTAL		
									<u> </u>		OR ,	DDIT. FEEL		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								٠			_			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADI TION FE	NAL		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	44		<del>a</del> .	Γ	X\$ 9=		$\Box$	OR	X\$18=		
AME [	Independent	•	Minus	e és				X43=	t	_		X86=	$\neg \neg$	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								$\vdash$	'	OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+290=		
TOTAL ADDIT. FEE  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										(	OR A	TOTAL DOIT. FEE		
T	he "Highest Num	ber Previously Paid	For (Total or	Independen	t) is the	highest number	touni	d in the ap	propria	te box	in colu	mn 1.		

FORM PTO-875 (Rev 10:03)

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